General

Title

Follow-up for children at risk for delays: proportion of children who were determined to be at significant risk for developmental, behavioral, or social delays who received some level of follow-up health care.

Source(s)

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. Pediatrics. 2001 May;107(5):1084-94. PubMed

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. Pediatrics. 2004 Jun;113(6 Suppl):1973-83. PubMed

Child and Adolescent Health Measurement Initiative (CAHMI). Bethell C, Peck Reuland C, Walker C, Brockwood K, Latzke B, Read D. In-office administration of the promoting healthy development survey - reduced-item version. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 79 p.

Child and Adolescent Health Measurement Initiative (CAHMI). Promoting healthy development survey - PLUS (PHDS-PLUS). Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; various p.

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 2001. 16 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Clinical Quality Measure: Patient Experience

Brief Abstract

Description

This measure is used to assess the proportion of children who were determined to be at significant risk for developmental, behavioral, or social delays (NOTE: Items derived from the Parents Evaluation of Developmental Status [PEDS©] used to identify children at significant risk.) who received some level of follow-up health care. Follow-up items include testing of child's learning development and behavior, referral to another doctor or speech/language testing, and/or whether a doctor or other health provider noted a concern that should be watched carefully.

Rationale

Early identification of children at risk for developmental, behavioral and social delays is an integral component to high quality well-child care. The early identification of developmental problems should lead to further developmental and medical evaluation, diagnosis, and treatment, including early developmental intervention. When developmental surveillance or screening identifies a child as being at high risk of a developmental disorder, diagnostic developmental evaluation should be pursued.

Primary Health Components

Risk for developmental, behavioral, or social delays; follow-up (testing, referral)

Denominator Description

Children age 3 months to 48 months who received a well-child visit in the last 12 months, who were identified as significant risk (high/moderate) for developmental, behavioral and social delays (based on the Parents Evaluation of Developmental Status [PEDSÂ©] items in the Promoting Healthy Development Survey [PHDS]), and whose parents answered at least half of the items asking about follow-up care received

Numerator Description

Children whose parent responded positively to the items indicating the risk-appropriate follow-up care was provided (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Focus groups

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

1999: Pilot Testing by Mail in Three Health Plans

Psychometric analyses demonstrated that the Promoting Healthy Development Survey (PHDS) quality measure scales have strong construct validity and internal consistency (reliability). Findings are displayed in the article, "Assessing Health System Provision of Well-child Cared: the Promoting Healthy Development Survey."
In-depth cognitive testing of the draft survey was conducted with 15 families representing a range of socioeconomic and demographic groups, as well as different types of health insurance coverage, age of child, age and sex or parent, and number of children in family. Survey design and formatting was finalized with input from a group of experts and family representatives. Reliability assessments indicated the PHDS to be written at the 8th-9th grade reading level. Cognitive testing confirmed the readability of the PHDS for people across a range of educational levels.

2000: Implementation by Mail to Medicaid Clients

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI Report, "Summary Testing and Findings of the PHDS in Maine."

2000: Implementation by Mail to Washington Medicaid Clients

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI Report, "PHDS Results: In Washington State."

2000-2001: Implementation by Telephone Three-State Medicaid Clients

Cognitive interviews were conducted with 20 parents of children 3 to 48 months old who were enrolled in Medicaid. Five of these interviews were conducted in-person; the remaining 15 were conducted over the telephone in order to assess the response burden and cognitive ease of the PHDS when using a telephone administration. Using behavior coding methods, for each item in the PHDS, instances where the respondent required clarification or did not appropriately answer an item were noted. Also, items where the interviewer had difficulty asking the question without edits to the wording were noted. Survey modifications were made based on findings in order to improve the reliability, validity and cognitive ease of the PHDS items.
The PHDS was administered by telephone to parents in 3 state Medicaid programs.
Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the report, "Partnering with Parents to Promote the Healthy Development of Young Children Enrolled in Medicaid."

2000: A Majority of the PHDS Included in the National Survey of Early Childhood Health (NSECH)

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the article, "Measuring the quality of preventive and developmental services for young children: National estimates and patterns of clinicians' performance."

2001-2003: Development and Implementation of the Provider-Level PHDS. October 2001-March 2003

Focus groups and cognitive interviews with 35 health care providers in Vermont and Washington and 20 parents of young children in Vermont to inform item-reduction, administration specifications, and reporting templates.
Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI reports, "Overview of the Round 1 Implementation of the PHDS in Mousetrap" and "University Pediatrics: Round 2 -- In-Office Implementation of the PHDS Key Findings."

2002-2004: Implementation by Telephone in Four Medicaid Agencies

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI report, "Hearing the Voices of Parents: Results from a Survey Assessing the Quality of Preventive and Developmental Services for Young Children Enrolled in Medicaid in Four States."

December 2003 - March 2004 Implementation of the PHDS in Kaiser Permanente, System, Office and Provider-Level Analysis Conducted

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the draft publication, "What drives the quality of preventive and development services provided to young children? Findings from a multi-level, provider and patient-centered method to assess quality."

Fall 2003 - August 2004 Implementation of the ProPHDS in the Healthy Development Collaborative

ProPHDS administerd by mail and in-offices. Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the draft publication, "Assisting primary care practices in using office systems to promote early childhood development."

January - March 2006 Implementation of Three Boston-area Community Health Centers

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the draft publication, "Associations of Language and Cultural Competence with Latino Parents' Views of Their Children's Well Child Care."

Evidence for Extent of Measure Testing

Bethell C, Peck C, Abrams M, Halfon N, Sareen H, Scott Collins K. Partnering with parents to promote the healthy development of young children enrolled in Medicaid: results from a survey assessing the quality of preventive and developmental services for young children enrolled in Medicaid in three states. Washington (DC): The Commonwealth Fund; 2002 Sep. 72 p.

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. Pediatrics. 2001 May;107(5):1084-94. PubMed

Bethell C, Peck C. CAHMI quality measures: promoting healthy development survey. Summary of testing and findings in Maine. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2000 Sep. 51 p.

Bethell C, Peck C. Medicaid parents experience with the health care system: summary of findings from a survey of parents of young children enrolled in Medicaid in three ABCD states. New York (NY): Commonwealth Fund; 2001.

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. Pediatrics. 2004 Jun;113(6 Suppl):1973-83. PubMed

Child and Adolescent Health Measurement Initiative (CAHMI). Child and adolescent health measurement initiative: Washington State Healthy options. Promoting healthy development survey (PHDS): 2000 results. Portland (OR): Child and Adolescent Health Measurement Initiative, Foundation for Accountability; 2000. 59 p.

Child and Adolescent Health Measurement Initiative (CAHMI). Overview of the round 1 implementation

of the PHDS in mousetrap and university pediatrics. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 27 p.

Child and Adolescent Health Measurement Initiative (CAHMI). What drives the quality of preventive and development services provided to young children? Findings from a multi-level, provider and patient-centered method to assess quality. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2006. 38 p. [60 references]

Reuland C, Bethell C. Hearing the voices of parents: measuring and improving preventive and developmental services provided to young children. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2004 Jun. 97 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Transition

Type of Care Coordination

Coordination between providers and patient/caregiver

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Children age 3 months to 48 months

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination
Health and Well-being of Communities
Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

12 months

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Children age 3 months to 48 months who received a well-child visit in the last 12 months, who were identified as significant risk (high/moderate) for developmental, behavioral and social delays (based on the Parents Evaluation of Developmental Status [PEDSÂ©] items in the Promoting Healthy Development Survey [PHDS]), and whose parents answered at least half of the items asking about follow-up care received

Exclusions
Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Children whose parent responded positively to the items indicating the risk-appropriate follow-up care was provided

From the responses, a composite measure score is calculated** in which a higher score is associated with better quality.

*Follow-up care items: Whether the child's health care provider did the following:

- doctor or other health provider noted a concern that should be watched carefully
- tested child's learning development and behavior
- referred child to another doctor or health provider
- referred child for testing of learning, development and behavior
- referred child for speech-language or hearing testing

**Scoring process:

- Follow-up items are recoded so that "Yes" responses are recoded into 100 and "No" responses are recoded into 0.
- Risk-specific scoring is used. (Risk categories are based on the "Parents Evaluation of Developmental Status [PEDS©]" recommendations for how to identify the level of risk).
  - Moderate Risk: Modified PEDS© scoring used to identify children at moderate risk for delays. Scoring for Follow Up: Children at moderate risk whose parents said yes to one or more items are recoded to 100 and those who said No to all of the items are recoded to 0.
  - High Risk: Modified PEDS© scoring used to identify children at moderate risk for delays.Scoring for Follow Up: Children at high risk whose parents said yes to items b-e are recoded to 100. Children whose parents responded No to at least one item in b-e are recoded to 0.
- Children who received follow-up care are recoded into 100 and those who did not receive follow-up care are recoded into 0.

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Parents Evaluation of Developmental Status

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Composite/Scale

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

Although no stratification is required, the Promoting Healthy Development Survey (PHDS) includes a number of variables that allow for stratification of the findings by possible vulnerability:

- Child demographic characteristics (e.g., the child's age, race)
- Child health and descriptive characteristics (e.g., children at high risk for developmental, behavioral or social delays, special health care needs)
- Parent health characteristics (e.g., children whose parents are experiencing symptoms of depression)

Standard of Comparison

not defined yet

Identifying Information

Original Title

Follow-up for children at risk for developmental, behavioral, or social delays.

Measure Collection Name

Promoting Healthy Development Survey (PHDS)

Measure Set Name

Follow-Up for Children at Risk for Developmental, Behavioral or Social Delays

Submitter

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Developer

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Funding Source(s)

The Commonwealth Fund

Composition of the Group that Developed the Measure

Christina Bethell, PhD, MBA, MPH; Colleen Reuland, MS; Brooke Latzke, BS

Financial Disclosures/Other Potential Conflicts of Interest

None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2006 Dec

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Sources available from the Child and Adolescent Health Measurement Initiative (CAHMI) Web site .

For more information, contact CAHMI at 615 N. Wolfe St, Room E4640, Baltimore, MD 21205; Phone: 410-955-1848; E-mail: info@cahmi.org; Web site: www.cahmi.org .

Companion Documents

The following are available:

> Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey: implementation guidelines. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative, Oregon Health & Science University; 179 p.
> Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey - PLUS: implementation guidelines. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative, Oregon Health & Science University; 320 p.

For more information, contact CAHMI at 615 N. Wolfe St, Room E4640, Baltimore, MD 21205; Phone: 410-955-1848; E-mail: info@cahmi.org; Web site: www.cahmi.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on November 28, 2007. The information was verified by the measure developer on January 3, 2008.

This NQMC summary was retrofitted into the new template on July 11, 2011.

The information was reaffirmed by the measure developer on April 8, 2016.

Copyright Statement

Production

Source(s)

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. Pediatrics. 2001 May;107(5):1084-94. PubMed

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